



**Clinton County
Medical Reserve Corps (MRC)**

930 A Fairfax
Carlyle, IL 62231
Telephone: 618-594-2723
Facsimile: 618-594-5474
Email: September.mcadoo@clintonco.illinois.gov

VOLUNTEER APPLICATION

Please print or type

Name			
Street Address (Mailing)			
City		State	Zip
Home Phone	Work Phone		Cell Phone
Email		Employer	
Type: Healthcare Professional: <input type="checkbox"/> Doctor (all categories) <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____	Type: Non Healthcare Skill/Interest Area <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Communications <input type="checkbox"/> Other _____	Requested means of communication: <input type="checkbox"/> Mail to above address <input type="checkbox"/> Mail to _____ <input type="checkbox"/> Email to above address In Case of Emergency, Please Contact: Name _____ Phone _____	
For All Healthcare Professionals: Please indicate License Number or Certificate/Registration Number Valid Y / N Verified: _____ Expires: _____		Second Language	Third Language
		State License Held	Degree(s) Obtained
Level of Participation Desired: I prefer to be: <input type="checkbox"/> ACTIVE Receives notification of ALL training opportunities, drills exercises, and emergency events, as well as non-emergency volunteer opportunities <input type="checkbox"/> LIMITED Receives notification of training drills, exercises and all emergency events <input type="checkbox"/> EMERGENCY ONLY Receives notification of major emergency events only <i>NOTE: All volunteers are required to complete the MRC orientation training in Core Competencies and be currently certified in CPR/First Aid. Additional training for assigned position and team leaders is also required. Advanced training is optional for Limited and Emergency Only volunteers at this time.</i>			
Have you ever been convicted of a felony? Yes No A misdemeanor (other than a traffic violation) Yes No If yes, please explain:			
A Criminal Background Check may be required of some volunteers: <input type="checkbox"/> YES, I agree that a background check may be performed. Birthdate ____/____/____ Other Names _____ <input type="checkbox"/> NO, I do not wish to have a background check performed (Refusal of a background check does not automatically eliminate you from consideration for volunteer service.)			
Credentials, Professional Licenses and Certifications: <input type="checkbox"/> YES, I agree to have my professional credentials verified before volunteering in a professional capacity			
Which Community would you prefer to serve in? Circle Choice(s) Anywhere in Clinton County, Albers/Damiensville, Aviston, Bartelso, Beckemeyer, Breese/St.Rose, Carlyle, Centralia/Shattuc, Germantown, Hoffman, Huey/Ferrin/Boulder, New Baden, Trenton			
WILLING TO DEPLOY OUTSIDE OF CLINTON COUNTY Y / N		Valid D/L? Yes / No State: D/L#	
Signature			Date

Privacy Act Statement

This information is requested by the Clinton County Medical Reserve Corps for the purpose of organizing volunteers and staff to respond to public health emergencies or disasters. It will not be used or released for any other purpose without your express written permission unless required by law.

Please email application to: pclinton@idphnet.com

Or fax application to: (618) 594-5474

You may also mail the application to: Clinton County Health Department ~ Attn: MRC
930 A Fairfax, Carlyle, IL 62231

For more information, please call the MRC Coordinator at (618) 594-2723

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